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PTO/SB/21 (02-04)

Approved for use through 07/31/2006. OMB 0651-0031

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Total Number of Pages in This Submission	Application Number	10/659,758
	Filing Date	September 10, 2003
	First Named Inventor	Andrew J. Czuchry, Jr.
	Art Unit	3625
	Examiner Name	
Attorney Docket Number		2825063-000004

### ENCLOSURES (Check all that apply)

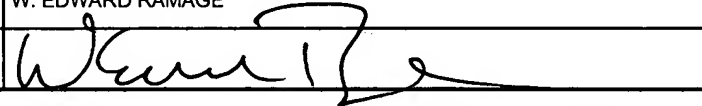
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### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	W. EDWARD RAMAGE
Signature	
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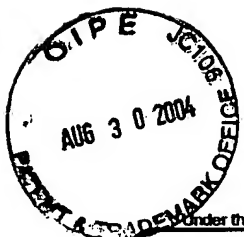
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PTO/SB/82 (09-03)  
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**REVOCATION OF POWER OF  
ATTORNEY WITH  
NEW POWER OF ATTORNEY  
AND  
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/659,758
Filing Date	September 10, 2003
First Named Inventor	Andrew J. Czuchry, Jr.
Art Unit	3625
Examiner Name	
Attorney Docket Number	2825063-000004

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number:

000044777

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with  
Customer Number:

000044777

OR

<input type="checkbox"/> Firm or Individual Name				
Address				
Address				
City		State		Zip
Country				
Telephone		Fax		

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Name	Andrew J. Czuchry, Jr.		
Signature			
Date	7/20/2004	Telephone	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 2 forms are submitted.

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<b>REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS</b>	Application Number	10/659,758
	Filing Date	September 10, 2003
	First Named Inventor	Andrew J. Czuchry, Jr.
	Art Unit	3625
	Examiner Name	
	Attorney Docket Number	2825063-000004

**I hereby revoke all previous powers of attorney given in the above-identified application.**

☐ A Power of Attorney is submitted herewith.

**OR**

☒ I hereby appoint the practitioners associated with the Customer Number: 000044777

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with Customer Number: 000044777

**OR**

<input type="checkbox"/> Firm or Individual Name				
Address				
Address				
City		State		Zip
Country				
Telephone		Fax		

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Name	William Florence		
Signature			
Date	7/20/04	Telephone	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 2 forms are submitted.

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